

Health and Wellness Program Request Form

I, _____, request an alternate work schedule for the purpose
(print full name)
of participating in a health, fitness or wellness activity as specified below:

Employee ID No. _____

PROGRAM SCHEDULE

Day	Time	Activity	Location/Sponsor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that time allocated for this program may not accumulate or be used for other personal business.

I agree to submit to my supervisor any documentation that is deemed necessary to comply with this policy. I will notify my supervisor if I cease or modify my schedule in any way from what is indicated above.

Employee Signature

Date

Approved by:

Supervisor

Date

State Actuary

Date